

PTO/SB/51 (12-97)

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

802-04RE

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,654,413, granted 5 August 1997, and for which a reissue patent is sought on the invention entitledCompositions for Sorting Polynucleotides

the specification of which

☐ is attached hereto.☐ was filed on 2 August 1999 as reissue application number 09 / 366,081
and was amended on 2 August 1999 by Preliminary Amendment and on
(If applicable) 17 May 2000 by Amendment submitted herewith.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

Inventive subject matter disclosed in the patent comprising solid phase compositions having copies of the same polynucleotide attached was not claimed.

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 802-04RE	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Stephen C. Macevicz		30,285	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 100%; height: 100%;"></div> <div style="font-size: 2em; margin-left: 5px;">→</div> </div>	
OR		<div style="border: 1px solid black; padding: 5px;"> Place Customer Number Bar Code Label here </div>	
<input type="checkbox"/> Firm or Individual Name	Stephen C. Macevicz		
Address	Lynx Therapeutics, Inc.		
Address	25861 Industrial Blvd.		
City	Hayward	State	CA ZIP 94545
Country	US		
Telephone	(510) 670-9365	Fax	(510) 670-9302
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)			
Inventor's signature <i>Sydney Brewer</i>			
Residence	Cambridge, ENGLAND	Date	17 May 2000
Post Office Address	17 B St. Edwards Passage	Citizenship	United Kingdom
Full name of second joint inventor (given name, family name)			
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Inventor's signature ENGLAND		Date	
Residence		Citizenship	
Post Office Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			